



LICENSING UNIT

P O Box 989001

West Sacramento, CA 95798-9001

(916) 255-3145

**Bureau of Automotive Repair
Declaration and Request for Replacement License****\$2.00 Fee is required****REQUEST FOR DUPLICATE OF:**

- ☐ Automotive Repair Dealer's Registration
- ☐ Official Station License (Lamp, Brake, Smog Check Station)
- ☐ Lamp/Brake Adjuster License

REASON FOR REQUEST:

- ☐ Lost
- ☐ Stolen
- ☐ Destroyed
- ☐ Mutilated
- ☐ Original not received
- ☐ Required for additional job(s)

Please type or print information below as it appeared on License / Certificate

Applicants Name: (Last) (First) (MI)			Home Phone Number:	
Home Address: (Street) (City)		(State)		(Zip code)
Drivers License Number:		Applicant's License Number		
Name of Business:		Business Phone Number:		
Business Address: (Street) (City)		(State)		(Zip code)
Station License Number				

Please explain the circumstances regarding request for license and/or certificate:

Lost, Mutilated or Destroyed Registration Certificate. A dealer shall give prompt written notice to the bureau in the event a registration certificate issued to the dealer becomes lost, mutilated, or destroyed. The dealer shall make a written request to the bureau, accompanied by a certification fee of \$2, for the issuance of a certified duplicate registration certificate for the unexpired term of the registration. Any mutilated registration certificate, and any lost registration certificate subsequently found, shall be surrendered to the bureau.

I hereby certify under penalty of perjury under the laws of the State of California that the statements and information set forth above are correct, that I will immediately return the license or registration to the Licensing Unit should said license or registration be found, or report its whereabouts should it become known to me.

Signature (Please sign in ink) _____

Date _____